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<b>(54) Title:</b> REPARATION AND PREVENTION OF FIBROTIC LESIONS		
<b>(57) Abstract</b>  In a preferred embodiment, drugs having pharmacological properties which are useful in the medicinal therapy of fibrotic disease for the reparation and prevention of fibrotic lesional tissues, such drugs including as active ingredient(s) one or more N-substituted 2-(1H) pyridone(s) and/or N-substituted 3-(1H) pyridones. The composition of this invention is novel as an anti-fibrotic drug, namely, as an agent for the reparation and prevention of fibrotic lesions.		

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DescriptionReparation and Prevention of Fibrotic Lesions5 Technical Field

The present invention relates to medical compositions and methods for the reparation of fibrotic lesional tissues and the prevention of fibrotic lesions, which compositions comprise one or more N-substituted  
10 2(1H) pyridones and/or one or more N-substituted 3(1H) pyridones as active anti-fibrotic ingredient(s).

Background Art

Herein, the term "anti-fibro", "anti-fibrotic" or  
15 "anti-fibrosis" refers to the reparations and/or prevention of pathological polymerization of collagen in lung fibrosis, arteriosclerosis, prostatic hypertrophy, keloid, myocarditis, collagen disease, scar, wrinkle, etc., and reparation as well normalization of the  
20 existing pathological fibrotic tissues.

Methods of preparation of some N-substituted 2(1-H) pyridones useful in the present invention are described in US Patent No. 3,839,346, issued October 1, 1974, to Gadekar, and titled N-SUBSTITUTED PYRIDONE AND  
25 GENERAL METHOD FOR PREPARING PYRIDONES, the disclosure of which is incorporated by reference hereinto. That patent also describes use of those compounds in analgesic, anti-inflammatory, and anti-pyretic treatments. US Patents Nos. 3,974,281, issued August  
30 10, 1976; 4,042,699, issued August 16, 1977; and 4,052,509, issued October 4, 1977, all to Gadekar, describe further use of one of these compounds, 5-methyl-1-phenyl-2-(1H) pyridone ("pirfenidone"), in lowering serum uric acid and glucose levels, treating upper  
35 respiratory inflammatory conditions, and treating inflammatory skin conditions, in humans and other mammals.

The use of pirfenidone in the reparation and prevention of fibrotic lesions is described in the above-referenced copending US Application Serial No. 07/947,995, filed September 21, 1992, the disclosure of which is incorporated by reference hereinto.

It has been discovered by the present inventor that other N-substituted 2(1-H) pyridone compounds and N-substituted 3(1H) pyridone compounds also have anti-fibrotic activity. Heretofore, before the discoveries of the inventions disclosed herein and in the above copending applications, no effective pharmacological agent or composition has been available for the prevention or removal of pathologic fibrotic lesions of the lungs, prostate glands, musculoskeletal diseases, myocardial degeneration, myocardial infarction, arteriosclerosis, and other lesional fibroses.

For example, powerful anti-inflammatory glucocorticoids (hormones relating to carbohydrate metabolism) such as hydrocortisone or prednisolone administered in very large doses have repeatedly been shown to be ineffective against fibrotic disease. These glucocorticoids do not arrest or remove such life-threatening fibrotic lesions. The glucocorticoids may be effective, however, as anti-inflammatory agents under such condition that they may temporarily ameliorate the secondary acute inflammation flare-ups which intermittently occur in tissues or organs damaged by fibrotic disease. Indeed, excessive and prolonged administration of glucocorticoids in pulmonary fibrotic disease may cause destruction of tissues, due to fibrosis or an exacerbation and acceleration of the fibrotic destruction.

Antopol (1950) was the first of many investigators who found that the anti-inflammatory glucocorticoids readily enhance fibrotic degeneration of lung tissues. Similarly, the non-steroidal anti-inflammatory agents such as aspirin, salicylates, phenylbutazone, indomethacin, various phenylacetic acid derivatives, and

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the like have also failed to arrest formation of, or cause repair of progressive, chronic fibrotic damage to lung tissues, prostatic tissues, musculoskeletal tissues, etc.

5       Accordingly, it is a principal object of the present invention to provide compositions for the reparation and prevention of fibrotic lesional tissue.

It is an additional object of the invention to provide such compositions that comprise one or more N-  
10 substituted 2-(1H) pyridone(s) and/or N-substituted 3-(1H) pyridone(s) as active anti-fibrotic ingredient(s).

Other objects of the present invention, as well as particular features and advantages thereof, will be elucidated in, or be apparent from, the following  
15 description.

#### Disclosure of Invention

The present invention overcomes the limitations of the prior art by providing, in a preferred embodiment,  
20 drugs having pharmacological properties which are useful in the medicinal therapy of fibrotic disease for the reparation and prevention of fibrotic lesional tissues, such drugs including as active ingredient(s) one or more N-substituted 2-(1H) pyridone(s) and/or N-substituted 3-  
25 (1H) pyridone(s). The compositions of this invention are novel as an anti-fibrotic drug, namely, as an agent for treating and preventing fibrosis. The active ingredient exerts an anti-fibrotic activity quite dissimilar to and independent of fibrinolytic activity.

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#### Best Mode for Carrying Out the Invention

The "anti-fibrotic" activity described herein differs from "fibrinolytic" or "anti-fibrin" activity. The "fibrinolytic" or "anti-fibrin" activity refers to  
35 the biological ability of a pharmaceutical substance to (1) prevent fibrin formation (prevent formation of a blood clot) or (2) lyse or dissolve a previously formed blood clot.

The "anti-fibrotic" activity discovered by the present inventor and as used herein refers to the ability of an active substance to (1) prevent an excessive pathologic accumulation of collagenous scar or connective tissue in various body structures and organs (usually triggered by some injury, allergy, infection, or by some inherited genetic aberration), or (2) cause the non-surgical removal or biological dissolution of an existing excessive and pathologic accumulation of fibrotic collagenous tissue (for example, as in the dissolution of life-threatening fibrotic lesions of the lung found in patients with asbestosis).

#### A. CONNECTIVE TISSUE PROTEINS OF MAMMALS

Three major classifications of connective tissue proteins are recognized with the largest portions consisting of collagen types (70 to 80%) and elastin types (15 to 20%). A miscellaneous group constitutes the third and smallest class.

The general biochemical characteristics of the collagen types which constitute the principal protein (1) in normal white connective tissue and (2) in scar or fibrotic tissue, are summarized in Table 1, as contrasted with elastin types. For example, collagen is sparingly soluble in water, but readily converted to water soluble gelatin upon boiling in an acid or alkali. In contrast, the highly water soluble elastin does not convert to gelatin upon boiling in an acid or alkali.

The elastin constitutes the principal protein of yellow connective tissue found in elastic structures such as the walls of larger blood vessels and walls of lung alveoli.

Investigations on the molecular biochemical level of tissues have demonstrated a very slow turnover rate for metabolic processes involving fibrotic lung collagen. In fact, the metabolic rate is measured in years. By contrast, the metabolic rates of the other connective tissue collagens including elastin and the

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like are measured and expressed in hours and days  
(White, Handler, and Smith, 1973, page 983).

B. INTERSTITIAL PROLIFERATION (HYPERPLASIA) OF  
FIBROBLAST-TYPE CELLS IN LUNGS AND OTHER ORGAN TISSUES

5       The synthesis of various collagens found in scar  
or fibrotic structures takes place in fibroblast cells,  
or fibroblast-like cells, which then extrude the  
collagen into the surrounding matrix. During this wound  
repair process, there are (1) a rapid proliferation and  
10   increase in the number of fibroblasts at the site, and  
(2) a sharp rise in the rate of the synthesis and  
extrusion of collagen. If these two phenomena are not  
prevented, the pathologic and progressive accumulation  
of collagen would cause polymerization and fibrotic  
15   disease (for example, impairment of respiratory  
function, impaired circulatory function via fibrotic  
changes in arterial walls, fibrotic degeneration of  
renal and liver function, degenerative musculoskeletal  
function, fibrotic degeneration of cardiac muscle or  
20   skeletal muscle, fibrotic degenerative changes in  
neuronal tissues in the central nervous system as well  
as the peripheral nervous system, etc.). [S. L.  
Robbins, R. S. Cotrans, V. Kumar, "Pathologic Basis of  
Disease", 6th edition, pages 40-84, Saunders,  
25   Philadelphia, Pennsylvania (Pub.)].

With pulmonary interstitial fibrotic hyperplasia,  
small and firm nodules are palpable throughout the lung  
tissue, and upon gross examination are recognized from  
their opaque, airless structure to be foci of abnormal  
30   accumulations of fibrotic connective tissue. Such foci  
vary in size and color according to their age. Their  
aggressive and continued enlargement and coalescence  
ultimately leads to collagenous solidification of large  
segments of the lungs.

35       These enlarging foci also impinge upon the lung  
capillaries thereby to reduce pulmonary blood flow, and  
at the same time, impede lymphatic drainage from the  
lungs. As a consequence, exudate accumulates within the

alveoli, and secondary thickening of the alveolar wall ensues. These interacting processes sharply reduce the efficiency of the gaseous exchange in the lung alveoli, which is a primary function of the normal lung.

5 In addition, these pulmonary fibrotic alternations and accumulations raise the pulmonary blood vessel resistance and lead to cor pulmonale (sharply elevated pulmonary blood pressure). Prolonged elevated pulmonary blood pressure almost invariably leads to congestive  
10 heart failure in addition to the cyanosis caused by inadequate pulmonary exchange of oxygen and carbon dioxide. The prognosis is poor and the incidence of severe morbidity and deaths is high.

Furthermore, the fibrosis of the lung impairs the  
15 physiological and biochemical functions of the lung that are independent of the pulmonary gas exchange (oxygen and carbon dioxide) role of the lungs cited above. These Include:

(1) filtration, degradation, and removal of the  
20 following substances:

(a) aged leucocytes from the blood, and  
(b) particulate matter (for example, tissue  
cell debris, blood cell aggregates,  
inert foreign matter, small thrombi);  
25 and

(2) synthesis of adequate supplies of heparin.

Heparin is a useful substance that normally prevents the formation of life-threatening blood clots in the major blood vessels (for example, cerebral and  
30 coronary blood vessels).

#### C. DIFFERENTIATION BETWEEN ANTI-FIBROTIC ACTIVITY AND ANTI-INFLAMMATORY ACTIVITY

Pharmacological anti-fibrotic activity as exemplified by the arrest and removal of lung scarring  
35 (interstitial hyperplasia and fibrotic foci), or pathologic fibrotic lesions in other organs and tissues described herein, is clearly distinct from and



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independent of any pharmacological anti-inflammatory activity.

The debilitating pathologic degeneration of organs and tissues affected by fibrotic disease continues for extended periods of time, measured in months or years, beyond the short-term (hours and days) of exacerbating inflammatory flare-ups (classical clinical and histopathological signs of edema, local heat, and leucocytic infiltration have disappeared).

The compositions of this invention are effective for treatment of disease caused by the pathologic and excessive fibrotic accumulations such as pulmonary fibrosis, benign prostate hypertrophy, coronary infarcts, cerebral infarcts, myocardiac fibrosis, musculoskeletal fibrosis, post-surgical adhesions, liver cirrhosis, renal fibrotic disease, fibrotic vascular disease (atherosclerosis, varix, or varicose veins), scleroderma, Alzheimer's disease, diabetic retinopathy, glaucoma, etc. The pulmonary fibrosis may have been chemically induced, for example, by the anti-cancer drugs bleomycin or cyclophosphamide or by the weed killer paraquat. The compositions of this invention not only arrest the formation of new fibrotic tissue but causes removal of previously formed fibrotic collagen-containing tissue. These pharmacological properties were heretofore unknown.

The present invention arrests formation of or causes removal of a pathogenic accumulation of water-insoluble collagenous connective tissue (for example, excessive scar or lesional fibrotic tissue, etc.). By medicinally removing such pathologic collagenous tissue in fibrotic lungs, the invention eliminates or prevents:

(1) the mechanical compression or occlusion (stenosis) of blood vessels (for example, pulmonary arteries, veins, and capillaries), pulmonary bronchioles, and alveoli;

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(2) the inhibition of the primary respiratory function of the alveoli of the lungs, namely, the exchange of oxygen and carbon dioxide gases; and

5 (3) the increased pulmonary blood vessel resistance (cor pulmonale) which readily causes fatal congestive heart failure because of the excessive workload on cardiac muscle that is engendered by the cor pulmonale.

10 D. TREATMENT WITH PIRFENIDONE

The dramatic and novel pulmonary anti-fibrotic activity of pirfenidone has been observed and demonstrated in laboratory animal experiments (rats, hamsters, dogs) and in humans. The anti-fibrotic  
15 activity in cardiac infarctions, benign prostatic hypertrophy, and post-operative adhesions has been observed in humans. The renal anti-fibrotic activity has been demonstrated in hamsters. In every instance, the anti-fibrotic activity was clearly distinct from any  
20 anti-inflammatory properties.

The acute toxicity of the ingredient in the medical composition of the present invention which exerts the anti-fibrotic activity is as shown in the table below:

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ACUTE TOXICITY (LD : mg/kg)

	<u>Route for Administration</u>			
	p.o. (number)	i.v. (number)	i.p. (number)	10% Ointment p.o. (number)
<u>Animal</u>				
5				
10	Mouse:	997.7(40)	285±5(50)	600±43(60) 11,500 ±1,100(43)
	Rat;			
	Male:	1,295(25)		430±29(42) 12,500(10)
	Female:	2,300(30)		
15	Guinea			
	Pig:	810±25(30)		460±28(25)
	Rabbit:		280±32(12)	
20	Cat:	500(17)	40(4)	
	Dog:	300(11)	200(6)	
25	Monkey:		100(3)	

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The anti-fibrotic activity measured against pulmonary fibrosis was found to be quite dissimilar to and independent of anti-inflammatory activity when these activities were assayed in rats, mice, hamsters, and rabbits. Experiments in dog and human clinical trials affirm these findings. Pirfenidone has been extensively studied for oral anti-fibrotic activity in laboratory animals and in humans. The anti-fibrotic effect in pulmonary fibrosis was demonstrated upon oral administration:

- (1) in diets or by gavage to rat or hamsters,
- (2) oral capsules in dogs, and
- (3) oral administration to humans.

#### EXAMPLE 1

The results of a histopathological examination of the lungs of rats for fibrosis (interstitial hyperplasia) after receiving 300mg/kg body weight of pirfenidone in the diet for three months are summarized in Table 2. The individual microscopic readings of the lung are also shown in Table 2, where a score schedule of 0, 1, 2, and 3 reflects the degree of fibrosis.

The data in Table 2 reveal a statistically significant reduction in the amount of fibrosis in rats receiving pirfenidone as compared to placebo control rats (Group 1). The mean score for the controls (Group 1) was  $1.63 \pm 0.23$ , and for Group IV (pirfenidone, 300mg/kg body weight daily was  $0.95 \pm 0.23$ .

Student's T value was 2.43, with P less than 0.02 (highly significant statistically).

In male and female Beagle dogs, the anti-fibrotic activity was found to be a direct function of the dosage of pirfenidone administered, a classical pharmacological dose-response (Table 3, Figure 1). Lung tissues examined microscopically, and scored on a schedule of 0, 1, 2, and 3 for fibrosis resulted in clear demonstration of statistically significant reduction in pulmonary fibrosis in dogs given the drug as compared to control animals.

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The mean score for Group I (Control) was  $2.11 \pm 0.31$ , and for Group IV, which received pirfenidone, 150 mg/kg per day orally in capsules, was  $0.22 \pm 0.19$ .

5 In hamsters, pulmonary fibrosis induced with  
crysotile asbestos was removed following oral  
pirfenidone (Table 4).

This anti-fibrotic activity was not simply a palliative (relieving) effect.

10 The asbestos-induced fibrosis did not recur after  
the pirfenidone had been discontinued for two months.

In mice, pulmonary fibrosis induced with  
cyclophosphamide was removed following oral  
administration of pirfenidone and an immunosuppressant  
15 drug in humans and is known to produce pulmonary fibrosis  
in patients as a side effect.

A similar experience has been observed in trials  
on human patients with pulmonary fibrosis caused by  
asbestos.

For the first time ever, pirfenidone makes  
20 possible a pulmonary resolution process whereby a life-  
threatening solidified fibrotic lung disease can be  
restored to a relatively normal tissue where the alveoli  
are no longer collapsed or occluded. That is, the  
microscopic examination reveals that the tissues are  
25 regenerated and become normal, spongy lungs.

The novel role of pirfenidone in the therapeutic  
repair of fibrotic lung tissue featuring removal of  
fibrotic lesions, and concomitant regeneration of normal  
lung tissue has been observed in experimental asbestosis  
30 by histopathological examination of lung tissue  
specimens under the light microscope, and electron  
microscopy (Table 4).

Very little, if any, fibrotic alterations are seen  
after treatment with adequate doses of pirfenidone.

35 A further novel discovery was the demonstration  
under the electron microscope that the lung cell-  
imbedded asbestos fibers which had initiated and  
maintained the extensive fibrotic lesions also had been

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removed. This was subsequently confirmed by ashing of lung specimens in a laboratory oven, and then determining the asbestos content.

5 The discovery of this additional novel "clearing" property of pirfenidone for the first time affords a therapeutic pharmacological remedy for chronic respiratory disease caused by the inhalation and accumulation in the lungs of harmful foreign matter from polluted air, asbestos, industrial dust (grain, lime, 10 fertilizers, cotton fibers, glass fibers, plastics, coal, etc.), resulting in asbestosis, silicosis, and/or black lung of miners, for example.

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TABLE 1CONTRAST BETWEEN PROPERTIES OF COLLAGEN AND ELASTIN

	<u>Property</u>	<u>Collagen</u>	<u>Elastin</u>
	1. Water soluble	-	+
5	2. Converts to gelatin on boiling	+	-
	3. Primarily in white connective tissue	+	-
	4. Primarily in yellow connective tissue	-	+
10	5. Primarily associated with highly elastic structure (e.g., blood vessels)	-	+
	6. Primarily in organ structural tissue; fibrotic or scar tissue (e.g., lung fibrosis, etc.)	+	-
15	7. Metabolic turnover rate	low	high

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TABLE 2  
GROUP I (CONTROL)

		<u>Lung Connective Tissue Score</u>			
	<u>Animal Number</u>	<u>Sex</u>	<u>0</u>	<u>1</u>	<u>2</u> <u>3</u>
5	104	F			x
	8	M			x
	72	F	x		
	74	F			x
	75	F		x	
10	80	F			x
	81	F			x
	82	F		x	
	88	F			x
	94	F		x	
15	1	M		x	
	19	M		x	
	26	M			x
	36	M		x	
	43	M			x
20	45	M	x		
	52	M		x	
	53	M			x
	55	M		x	
	Total:		2	8	4   5
25	Mean:		1.63		
	S.E.		0.23		

GROUP IV: PIRFENIDONE, 300 mg/kg (p.o.)

		<u>Lung Connective Tissue Score</u>			
	<u>Animal Number</u>	<u>Sex</u>	<u>0</u>	<u>1</u>	<u>2</u> <u>3</u>
30	95	F		x	
	86	F			x
	93	F		x	
	97	F	x		
	98	F		x	
35	99	F		x	
	119	F		x	



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	122	F		x			
	123	F	x				
	135	F	x				
	5	M		x			
5	11	M		x			
	16	M		x			
	29	M	x				
	31	M	x				
	32	M		x			
10	34	M		x			
	35	M			x		
	40	M			x		
	<hr/>						
	Total:		5	11	2	1	
	Mean:	0.95					
15	S.E.:	0.18					
	t:	2.43					
	P:	<0.02					

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TABLE 3

EFFECT OF ORAL PIRFENIDONE UPON PULMONARY INTERSTITIAL  
HYPERPLASIA (FIBROSIS) IN DOGS

5	Group	Number of Dogs	Hyperplasia Scores*				Average Incidence of Scores Normal Lung
			0	1	2	3	
10	I. Control (0.0%)	9	0	3	2	4	2.11±0.31 0/9
	II. Pirfenidone (16.7%) 25 mg/kg/day	6	1	1	4	0	1.50±0.34 1/6
15	III. Pirfenidone (25.0%) 75 mg/kg/day	8	2	2	3	1	1.38±0.38 2/8
	IV. Pirfenidone 150 mg/kg/day	9	7	2	0	0	0.22±0.15** 7/9

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\* Degree of Hyperplasia (fibrosis)

0 = normal tissue

25 1 = minimal

2 = moderate

3 = severe

\*\* Highly Statistically Significant (P<0.001)

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TABLE 4

EFFECT OF ORAL PIRFENIDONE UPON ASBESTOS-INDUCED  
PULMONARY INTERSTITIAL FIBROSIS IN HAMSTERS

5	Group	Animal Number	Lung Density	Pulmonary Fibrosis Score	
				Light Microscope	Electron Microscope
10	I. Control	1	0.95	0	0
	No Asbestos (-);	2	0.90	1	0
	No Pirfenidone	3	1.05	1	1
		4	1.10	0	0
	Average		1.00±0.05	0.50±0.25	0.25±0.25
15	II. Asbestos (+);	5	2.70	3	3
	No Pirfenidone (-)	6	1.90	2	3
		7	2.53	3	2
		9	2.98	3	3
	Average		2.53±0.23	2.75±0.25	2.75±0.25
20	III. Asbestos (+)*; 10		0.98	0	0
	Plus Pirfenidone (+)12		1.04	2	1
		13	1.26	1	0
		14	1.41	1	0
	Average		1.17±0.10	1.00±0.41	0.25±0.25
25	Student's "T" Values:				
	Group II vs. Group III:		5.9**	3.7**	7.1**
	Group II vs. Group I:		6.5**	5.9**	7.1**
30	Degree of Fibrosis:				
	0 = normal tissue				
	1 = minimal				
	2 = moderate				
	3 = severe				

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(Table 4 cont'd)

\* Asbestos by inhalation for 5 days; Pirfenidone, 500 mg/kg/day, orally in the diet for two months, beginning two months after the five-day exposure to asbestos dust.

5 \*\* Highly Statistically Significant ( $P < 0.001$ ).

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TABLE 5

EFFECT OF ORAL PIRFENIDONE UPON  
CYCLOPHOSPHAMIDE-INDUCED INTERSTITIAL FIBROSIS IN MICE

5	No. Mice	Lung Dry Wt . Mg.	Lung OH- Proline <u>MicGm/Lung</u>	Lung OH- Proline <u>MicGm/Mg</u>	Lung FIBROSIS Scores## <u>(N/N)</u>
10					
	<u>GROUP I-A</u> (cyclophosphamide only, 200 mg/kg, i.p.)				
	10	50.0±1.3	313±10	6.01±.24	4.43±.43 (0/5)
	<u>GROUP I-B</u> (cyclophosphamide only, 200 mg/kg, i.p.)				
15	8	46.8±2.3	406±21	8.85±0.58	3.90±0.23 (0/5)
	<u>COMBINED GROUPS I-A AND I-B</u> (cyclophosphamide only, 200 mg/kg, i.p.)				
20	18	48.9±1.3	360±18	7.50±0.44	4.34±0.26 (0/10)
	<u>GROUP II</u> (cyclophosphamide, 200 mg/kg, i.p., plus pirfenidone, 500 mg/kg/day, p.o.)				
25	10	52.4±0.9	284±13**	5.46±0.31**	2.99±0.75 (3/5)*
30	<u>GROUP III</u> (saline control; no cyclophosphamide; no pirfenidone)				
	6	45.3±1.2	317±20	7.00±0.42	0.26±0.15 (5/5)#
35					

(Table 5 cont'd)

GROUP IV (pirfenidone, 500 mg/kg/day, p.o.; saline; no cyclophosphamide)

6      39.0±2.8\*\*      288±9\*\*      7.60±0.60

5      0.68±0.35\*\*  
(5/5)#

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\*\* Differs significantly (P <0.01) from Combined Groups I-A and I-B

10      (Student T test for differences between means).

# Differs significantly (P <0.05) from Combined Groups I-A and I-B

15      (Chi-square two-fold contingency table; incidence of scores 3.0 or less).

## Scoring (0 through 6) of lung interstitial hyperplasia and fibrotic nodule formation based on technique recommended by the Pneumoconiosis Committee of the College of American Pathologists, and the National Institute for Occupational Safety and Health (Ref: Arch. Path. Lab. Med., vol. 106,1982).

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Clinical human open trials have been undertaken as follows:

1. Pulmonary fibrosis diagnosed as caused by asbestos was treated with pirfenidone and closely and objectively followed in two subjects. Clinical impressions were dramatic and highly favorable.
2. Pulmonary fibrosis diagnosed as idiopathic in nature was treated with pirfenidone and closely and objectively followed in one subject for over two years. Clinical impressions were highly favorable.
3. Benign prostate hypertrophy in three elderly subjects (66-100 years) was treated with pirfenidone with very good to excellent clinical results. Two subjects suffered from frequency, severe nocturia, incontinence, constant urgency, and in the third these symptoms were less severe. Clinically, all had enlarged prostates that explained the symptoms. The results were dramatic in the eldest subject within two weeks of therapy. Nocturia of 6-7 trips (every 60-90 minutes) per night was reduced to 1 or 2 nightly (4-5 hours apart). In the other two patients, nocturia 3-4 times (every 2-3 hours) was reduced to once nightly 4-5 hours after retiring. In all cases digital examination of the prostate revealed a detectable reduction in the size of the prostate in 3-4 weeks.
4. Fibrosis of the ventricular myocardium, an outcome of repeated coronary infarcts was treated with pirfenidone in one subject (diagnosed as terminal), with objective evidence of the reduction of the fibrosis (electrocardiogram maps and nuclear resonance determinations). The subject lived for an additional three years, despite the fact that the administration of the drug was terminated after 18 months, due to a limited supply.

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5. Inhibition of excessive scar formation by direct application of pirfenidone ointment to skin lesions in 10 cases. Mild to moderate skin laceration or lesions failed to generate skin scars, or caused only minimal scarring when pirfenidone ointment was directly applied to the lesion.

Examples of medical preparations include: (1) capsules, (2) tablets, (3) powders, (4) granules, (5) syrups, (6) injection (intravenous, intramuscular, or drip administration), (7) cream, (8) ointment, (9) inhalation, (10) eye drop, (11) suppositories, (12) pills, etc.

The above preparations are available. Among them, capsules, injections, cream, and ointments are preferred preparations.

#### TEST EXAMPLE 1

In one capsule, 800 mg, 1200 mg, or 1600 mg of pirfenidone is contained.

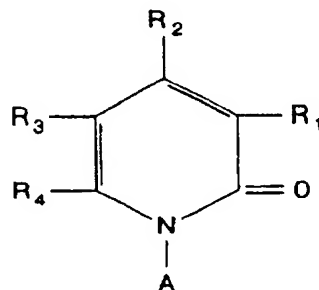
#### TEST EXAMPLE 2

Hydrophilic ointment containing 5 to 10% pirfenidone.

The average oral dosage for anti-fibrotic activity in humans is 3600 milligrams per day, with a range of from about 2400 milligrams to about 4800 milligrams per day. Administration may be in divided dosage - for example, 1200 milligrams three times per day.

#### E. COMPOSITIONS AND DOSAGES FOR THE PRESENT INVENTION

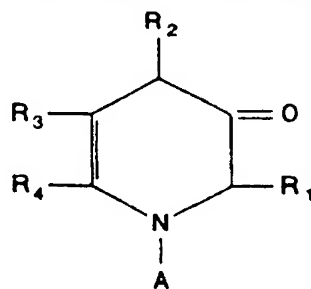
The above-referenced US Patent No. 3,839,346 describes methods of preparation of some N-substituted 2-(1H)-pyridones useful in the present invention. The general structural formula for the 2 pyridones is:





where: R1 = alkyl group (CH3, C2H5, etc.); A is phenyl, thienyl, etc., or other aryl group. The alternate is for R3 to be the site of substitution of the alkyl group with R1 remaining as a hydrogen; R2 and R4 are, in every  
5 circumstance, hydrogens.

Additionally, N-substituted 3-(1H) pyridones, useful in the present invention, can be prepared using methods similar to those set forth in the above-referenced US Patent No. 3,839,346. The general structural formula for the 3 pyridones is:



where: R2 or R3 = alkyl group or hydrogen, as above; A  
is phenyl, thienyl, etc., or other aryl. R1 and R4 are  
20 hydrogen.

Examples of the 2 and 3 pyridones include:

5-Methyl-1-(3-nitrophenyl-2)-(1H) pyridone

5-Methyl-1-(4'-methoxyphenyl)-2-(1H) pyridone

5-Methyl-1-p-tolyl-2-(1H) pyridone

25            5-Methyl-1-(3'-trifluoromethylphenyl)-2-(1H)  
pyridone

1-(4'Chlorophenyl)-5-Methyl-2)-(1H) pyridone

5-Methyl-1-(2'-naphthyl)-2-(1H) pyridone

5-Methyl-1-(1'naphthyl)-2-(1H) pyridone

30 3-Methyl-1-phenyl-2-(1H) pyridone

3-Ethyl-1-phenyl-2-(1H) pyridone

6-Methyl-1-phenyl-2-(1H) pyridone

3,6-Dimethyl-1-phenyl-2-(1H) pyridone

5-Methyl-1-(2'-Thienyl)-2-(1H) pyridone

35 1-(2'-Furyl)-5-Methyl-2-(1H) pyridone

5-Methyl-1-(5'-quinolyl)-2-(1H) pyridone

- 5-Methyl-1-(4'-pyridyl)-2-(1H) pyridone  
 5-Methyl-1-(3'-pyridyl)-2-(1H) pyridone  
 5-Methyl-1-(2'-pyridyl)-2-(1H) pyridone  
 5-Methyl-1-(2'-quinolyl)-2-(1H) pyridone  
 5-Methyl-1-(4'-quinolyl)-2-(1H) pyridone  
 5-Methyl-1-(2'-thiazolyl)-2-(1H) pyridone  
 1-(2'-Imidazolyl)-5-Methyl-2-(1H) pyridone  
 5-Ethyl-1-phenyl-2-(1H) pyridone  
 1-Phenyl-2-(1H) pyridone  
 1-(4'-Nitrophenyl)-2-(1H) pyridone  
 1,3-Diphenyl-2-(1H) pyridone  
 1-Phenyl-3-(4'-chlorophenyl)-2-(1H) pyridone  
 1,3-Diphenyl-5-methyl-2-(1H) pyridone  
 3-(4'-Chlorophenyl)-5-Methyl-1-phenyl-2-(1H)  
 pyridone  
 5-Methyl-3-phenyl-1-(2'-thienyl)-2-(1H) pyridone  
 5-Methyl-1-phenyl-3-(1H) pyridone  
 5-Methyl-1-(4'-methoxyphenyl)-3-(1H) pyridone  
 5-Methyl-1-p-tolyl-3-(1H) pyridone  
 1-(4'-Chlorophenyl)-5-methyl-3-(1H) pyridone  
 5-Methyl-1-(2'-naphthyl)-3-(1H) pyridone  
 4-Methyl-1-phenyl-3-(1H) pyridone  
 6-Methyl-1-phenyl-3-(1H) pyridone  
 5-Methyl-1(2'-Thienyl)-3-(1H) pyridone  
 1-(2'-Furyl)-5-methyl-3-(1H) pyridone  
 5-Methyl-1-(5'-quinolyl)-3-(1H) pyridone  
 5-Methyl-1-(3'-pyridyl)-3-(1H) pyridone  
 5-Methyl-1-(2'-pyridyl)-3-(1H) pyridone  
 5-Methyl-1-(2'-quinolyl)-3-(1H) pyridone  
 5-Ethyl-1-phenyl-3-(1H) pyridone  
 1-Phenyl-3-(1H) pyridone

Effective dosages and rates of application of the compositions of the present invention have been found to be effective, or can be expected to be effective, in a range of from about one-quarter to about twice the dosages given above for pirfenidone.

The compositions of the present invention may be administered in forms consisting of capsules, tablets, powders, granules, syrups, injectable fluids, pills, creams, ointments, inhalable fluids, eye drops, and suppositories.

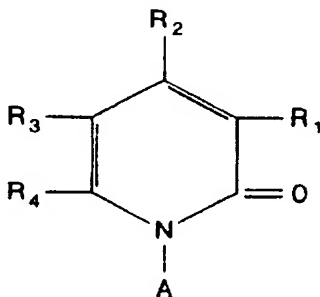
While the invention has been described in detail and with reference to specific embodiments thereof, such have been provided for purposes of illustrating the invention and are not intended as limitations thereon. It will thus be apparent to one skilled in the art that various changes and modifications can be made therein without departing from the spirit and the scope of the present invention.

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Claims

1. A method for the reparation of, and prophylaxis against, fibrotic lesional tissue in a mammal, comprising administering internally to said mammal a pharmaceutical composition having one or more compounds selected from the group consisting of N-substituted 2-(1H) pyridones and N-substituted 3-(1H) pyridones as active anti-fibrotic ingredient(s), said composition being administered to said mammal at a rate of from about 5 mg per kilogram of body weight per day to about 300 mg per kilogram of body weight per day, said group excluding 5-methyl-1-phenyl-2-(1H) pyridone.

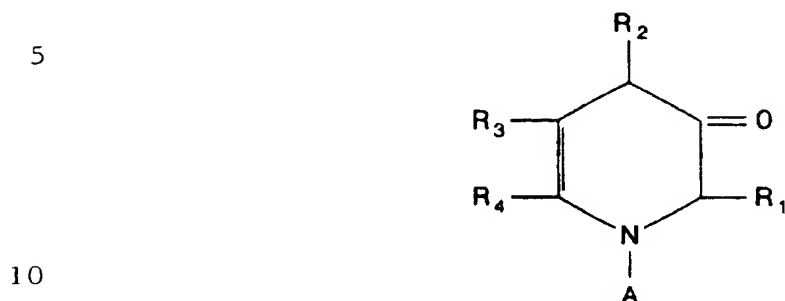
2. A method, as defined in Claim 1, wherein the general structural formula of said N-substituted 2-(1H) pyridones is:



where: R<sub>1</sub> is selected from the group consisting of (1) an alkyl group, with R<sub>3</sub> hydrogen, and (2) hydrogen, with R<sub>3</sub> consisting of an alkyl group; A is an aryl group; and R<sub>2</sub> and R<sub>4</sub> are hydrogen.

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3. A method, as defined in Claim 1, wherein the general structural formula of said N-substituted 3-(1H) pyridones is:



where: R2 is selected: from the group consisting of (1) an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R1 and R4 are hydrogen.

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4. A method, as defined in Claim 1, wherein said pharmaceutical substance includes one or more compounds selected from the group consisting of: 5-Methyl-1-(3-nitrophenyl)-2-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-2-(1H) pyridone, 5-Methyl-1-p-tolyl-2-(1H) pyridone, 5-Methyl-1-(3'-trifluoromethylphenyl)-2-(1H)-pyridone, 1-(4'-Chlorophenyl)-5-Methyl-2-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-2-(1H) pyridone, 5-Methyl-1-(1'naphthyl)-2-(1H) pyridone, 3-Methyl-1-phenyl-2-(1H) pyridone, 3-Ethyl-1-phenyl-2-(1H) pyridone, 6-Methyl-1-phenyl-2-(1H) pyridone, 3,6-Dimethyl-1-phenyl-2-(1H) pyridone, 5-Methyl-1-(2'-Thienyl)-2-(1H) pyridone, 1-(2'-Furyl)-5-Methyl-2-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(2'-thiazolyl)-2-(1H) pyridone, 1-(2'-Imidazolyl)-5-Methyl-2-(1H) pyridone, 5-Ethyl-1-phenyl-2-(1H) pyridone, 1-Phenyl-2-(1H) pyridone, 1-(4'-Nitrophenyl)-2-(1H) pyridone, 1,3-Diphenyl-2-(1H) pyridone, 1-Phenyl-3-(4'-chlorophenyl)-2-

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(1H) pyridone, 1,3-Diphenyl-5-methyl-2-(1H) pyridone, 3-(4'-Chlorophenyl)-5-Methyl-1-phenyl-2-(1H) pyridone, 5-Methyl-3-phenyl-1-(2'-thienyl)-2-(1H) pyridone, 5-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-3-(1H) pyridone, 5-Methyl-1-p-tolyl-3-(1H) pyridone, 1-(4'-Chlorophenyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-3-(1H) pyridone, 4-Methyl-1-phenyl-3-(1H) pyridone, 6-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(2'-Thienyl)-3-(1H) pyridone, 1-(2'-Furyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-3-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-3-(1H) pyridone, 5-Ethyl-1-phenyl-3-(1H) pyridone, and 1-Phenyl-3-(1H) pyridone.

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5. A method, as defined in Claim 1, further comprising administering said pyridone(s) in an amount of from about 25 mg to about 9600 mg per day.

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6. A method, as defined in Claim 1, further comprising administering said pyridone(s) in an amount of from about 75 mg to about 9600 mg per day.

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7. A method, as defined in Claim 1, further comprising administering said pyridone(s) in an amount of from about 25 mg to about 3200 mg contained in a capsule.

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8. A method, as defined in Claim 1, wherein said fibrotic lesional tissue is associated with a condition in the group consisting of pulmonary fibrosis, benign prostate hypertrophy, coronary infarcts, cerebral infarcts, myocardial fibrosis, musculoskeletal fibrosis, post-surgical adhesions, liver cirrhosis, renal fibrotic disease, fibrotic vascular disease, scleroderma, Alzheimer's disease, diabetic retinopathy, and skin lesions.

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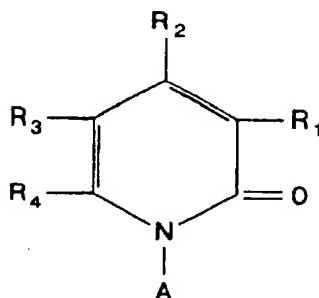
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9. A method, as defined in Claim 1, wherein said pharmaceutical composition is administered by means selected from the group consisting of capsules, tablets, powders, granules, syrups, injectable fluids, creams, ointments, inhalable fluids, eye drops, suppositories, and pills.

10. A method, as defined in Claim 1, wherein said mammal is a human.

11. A method for the reparation of, and prophylaxis against, fibrotic lesional tissue in a mammal, comprising administering topically to said mammal a pharmaceutical composition containing one or more compounds selected from the group consisting of N-substituted 2-(1H) pyridones and N-substituted 3-(1H) pyridones as active anti-fibrotic ingredient(s) in an amount of from about 1% to about 20%, said group excluding 5-methyl-1-phenyl-2-(1H) pyridone.

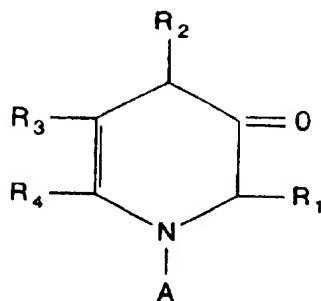
12. A method, as defined in Claim 11, wherein the general structural formula of said N-substituted 2-(1H) pyridones is:



where: R1 is selected from the group consisting of (1) an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R2 and R4 are hydrogen.

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13. A method, as defined in Claim 11, wherein the general structural formula of said N-substituted 3-(1H) pyridones is:



where: R2 is selected: from the group consisting of (1) an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R1 and R4 are hydrogen.

14. A method, as defined in Claim 11, wherein said pharmaceutical substance includes one or more compounds selected from the group consisting of: 5-Methyl-1-(3-nitrophenyl)-2-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-2-(1H) pyridone, 5-Methyl-1-p-tolyl-2-(1H) pyridone, 5-Methyl-1-(3'-trifluoromethylphenyl)-2-(1H)-pyridone, 1-(4'-Chlorophenyl)-5-Methyl-2-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-2-(1H) pyridone, 5-Methyl-1-(1'-naphthyl)-2-(1H) pyridone, 3-Methyl-1-phenyl-2-(1H) pyridone, 3-Ethyl-1-phenyl-2-(1H) pyridone, 6-Methyl-1-phenyl-2-(1H) pyridone, 3,6-Dimethyl-1-phenyl-2-(1H) pyridone, 5-Methyl-1-(2'-Thienyl)-2-(1H) pyridone, 1-(2'-Furyl)-5-Methyl-2-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(2'-thiazolyl)-2-(1H) pyridone, 1-(2'-Imidazolyl)-5-Methyl-2-(1H) pyridone, 5-Ethyl-1-phenyl-2-(1H) pyridone, 1-Phenyl-2-(1H) pyridone, 1-(4'-Nitrophenyl)-2-(1H) pyridone, 1,3-Diphenyl-2-(1H) pyridone, 1-Phenyl-3-(4'-chlorophenyl)-2-



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(1H) pyridone, 1,3-Diphenyl-5-methyl-2-(1H) pyridone, 3-(4'-Chlorophenyl)-5-Methyl-1-phenyl-2-(1H) pyridone, 5-Methyl-3-phenyl-1-(2'-thienyl)-2-(1H) pyridone, 5-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-3-(1H) pyridone, 5-Methyl-1-p-tolyl-3-(1H) pyridone, 1-(4'-Chlorophenyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-3-(1H) pyridone, 4-Methyl-1-phenyl-3-(1H) pyridone, 6-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(2'-Thienyl)-3-(1H) pyridone, 1-(2'-Furyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-3-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-3-(1H) pyridone, 5-Ethyl-1-phenyl-3-(1H) pyridone, and 1-Phenyl-3-(1H) pyridone.

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15. A method, as defined in Claim 11, wherein said fibrotic lesional tissue is associated with a condition in the group consisting of musculoskeletal fibrosis, post-surgical adhesions, scleroderma, glaucoma, and skin lesions.

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16. A method, as defined in Claim 11, wherein said pharmaceutical composition is administered by means selected from the group consisting of creams, ointments, hydrophillic ointments, inhalable fluids, eye drops, and suppositories.

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## INTERNATIONAL SEARCH REPORT

International application No.

PCT/US97/07468

**A. CLASSIFICATION OF SUBJECT MATTER**

IPC(6) : A61K 9/02, 9/06, 9/08, 9/10, 9/14, 9/16, 9/20, 9/48

US CL : 424/423, 436, 451, 464, 489

According to International Patent Classification (IPC) or to both national classification and IPC

**B. FIELDS SEARCHED**

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 424/423, 436, 451, 464, 489

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X,P	US 5,518,729 A (MARGOLIN) 21 May 1996 (21/05/96), see entire document.	1-16

☐

Further documents are listed in the continuation of Box C.

☐

See patent family annex.

* Special categories of cited documents:	*T* later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
*A* document defining the general state of the art which is not considered to be of particular relevance	*X* document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
*E* earlier document published on or after the international filing date	*Y* document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
*L* document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	*Z* document member of the same patent family
*O* document referring to an oral disclosure, use, exhibition or other means	
*P* document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

22 JUNE 1997

Date of mailing of the international search report

15 AUG 1997

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